Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

TIER E I ERSONAL I HAARONE DISCLOSORE STATE LA
I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.
⊘ ORIGINAL REPORT This Report Covers Calendar Year: 2014
□AMENDED REPORT
FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY]]
A final reports must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.
OFFICE/POSITION HELD: District Attorney, Eighth Judicial District
NAME OF FILER (print full name): Richard Christopher Nevils
Mailing Address: 407 Main Street
City, State, Zip: Winnfield, Louisiana 71483
NAME OF SPOUSE(if applicable)(print full name): Kimberly Heard Nevils
Spouse's Occupation: Banker
Spouse's Principal Business Address: 200 West Main Street
City, State, Zip: WInnfield, Louisiana 71483
CHECK ALL THAT APPLY
☑ I have filed my state income tax return for the previous year.
I have filed for an extension of my state income tax return for the previous year.
☐ I have filed my federal income tax return for the previous year.
I have filed for an extension of my federal income tax return for the previous year.
☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.
<u>CERTIFICATE OF ACCURACY</u>
I do hereby certify, after having been duly sworn, that the information contained in this personal financial
disclosure statement is true and correct to the best of my knowledge, information, and belief.
Signature of Filer
Sworn to and subscribed before me this // day of /// 20/5
MICHAEL W. NICHOLS
Notary Public (print name)
Notary Public (signature)
ID#
Date Commission Expires

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule A: Employment Information

☐ Check if not applicable		
⊠Filer □Spouse	⊠Full-Time □Part-Time	
Name of Employer: District	Attorney, Eighth Judicial District	
Job Title: DISTRICT A	TTORNEY, EIGHTH JUDICIAL DISTRICT	
Job Description: Dist	rict Attorney	
□Filer ⊠Spouse	⊠Full-Time □Part-Time	
Name of Employer: Bank of	Winnfield	
Job Title: Vice-Preside	nt	and the second s
Lab Danasia dia Bom		
Job Description: Ban	Ker	and the state of t
□Filer □Spouse	☐Full-Time ☐Part-Time	
Name of Employer:		
Job Description:		
□Filer □Spouse	☐Full-Time ☐Part-Time	
Name of Employer:		
Job Description:		
	☐Full-Time ☐Part-Time	- Address - Addr
•		
Job Description:		

- * You are required to disclose employment information related to both you and your spouse (if applicable).
- * List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- * Self-employment information is reported on Schedule B.

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Schedule B: Positions - Business

☐ Check if not applicable
□Filer □Spouse ⊠Both
Amount of Interest (amount exceeds 10%): 100 %
Name of Business: Pine Land Title, LLC
Address: P.O. Box 368
City, State, Zip: Winnfield, Louisiana 71483
Business Description: Real estate title services
Nature of Association: owners
□Filer □Spouse □Both
Amount of Interest (amount exceeds 10%):%
Name of Business:
Address:
City, State, Zip:
Business Description:
Nature of Association:
□Filer □Spouse □Both
Amount of Interest (amount exceeds 10%):%
Name of Business:
Address:
City, State, Zip:
Business Description:
Nature of Association:

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions - Nonprofit

□Filer □Spouse	
Name of Organization:	
Address:	
City, State, Zip:	
Nature of Association:	1.112.05
Description of Organization:	
□Filer □Spouse	
Name of Organization:	
Address:	
City, State, Zip:	
Nature of Association:	
Description of Organization:	
□Filer □Spouse	
Name of Organization:	
Address:	
City, State, Zip:	
Nature of Association:	
Description of Organization:	

*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule D: Other Offices/Positions Held

☐ Check if not applicable	
Name of Office/Position:	Board Member, Central Louisiana Juvenile Detention Facility Board
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	

* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

Revised October 2014

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule E: Immovable Property

Check if not applicable (where the value of the	ne interest in the parcel exceeds \$2,000)
□Filer □Spouse ⊠Both	
Location of Property:	
State: Louisiana	Parish/County: Winn
Description of Property: lot and house loc	ated at 407 West Main Street, Winnfield, LA
Value of the Interest in the Parcel:	
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
□Filer □Spouse □Both	
Location of Property:	
State:	Parish/County:
Description of Property:	
Value of the Interest in the Parcel:	
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
□Filer □Spouse □Both	
Location of Property:	
State:	Parish/County:
Description of Property:	
Value of the Interest in the Parcel:	
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
□Filer □Spouse □Both	
Location of Property:	
State:	Parish/County:
Description of Property:	
Value of the Interest in the Parcel: * You are required to disclose the location by state and * You are required to provide a brief description of the value (determined the eggessit for swippers on a	l parish/county. Category II (\$5,000-\$74,999) inmovable property and its fair market value or use venetaxes / (more than \$100.000)

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule F: Income from the State, Political Check if not applicable Subdivisions, and/or Gaming Interests

☑Filer ☐Spouse ☐Business(where amount of interest exceeds 10%)
Type of Income: ⊠State □Political Subdivision □ Gaming Interest
Name of Business(if applicable): State of Louisiana, District Attorney
Name of Income Source: State of Louisiana
Address: P.O. Box 94095
City, State, Zip: Baton Rouge, Louisiana 70804
Amount of Income (exact dollar amount): \$ 50,000.00
Type of Income: □State ☑Political Subdivision □ Gaming Interest
Name of Business(if applicable): Winn Parish Police Jury salary, District Attorney
Name of Income Source: Winn Parish Police Jury
Address: P.O. Box 951
City, State, Zip: Winnfield, Louisiana 71483
Amount of Income (exact dollar amount): \$ 9,200.00
☑Filer ☐Spouse ☐Business(where amount of interest exceeds 10%)
Type of Income: □State ☑Political Subdivision □ Gaming Interest
Name of Business (if applicable): Winn Parish District Attorney salary, Eighth Judicial District
Name of Income Source: Winn Parish District Attorney office
Address: 205 West Main Street, P.O. Box 1374
City, State, Zip: Winnfield, LA 71483
Amount of Income (exact dollar amount): \$ 79,934.00

- * You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- * "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule G: Income Received from Employment

Check if not applicat	ble		
☐Filer ⊠Spouse	e ⊠Full-time □Part-	time	
Name of Employer:	Bank of Winnfield		
Address: 205 V	West Main Street		
City, State, Zip	D: Winnfield, Louisiana 71483		
Nature of services (p	Nature of services (pursuant to such employment): Banker		
Amount of Income:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
☐Filer ☐Spouse	Full-time Part-	time	
Name of Employer:			
		t):	
Amount of Income:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
□Filer □Spouse	Full-time □Part-	time	
Name of Employer:			
Address:City, State, Zip:			
Nature of services (pursuant to such employment):			
Amount of Income:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	

- * You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- * Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule H: Income Received From Business

Check if not applicable
AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:
Category I (less than \$5,000)
Category III (\$25,000-\$100,000)
⊠Filer □Spouse
Name of Business: Pine Land Title, LLC
Address: P.O. Box 368
City, State, Zip: Winnfield, Louisiana 71483
Nature of services rendered or reason income was received: real estate title services
□Filer ⊠Spouse
Name of Business: Pine Land Title, LLC
Address: P.O. Box 368
City, State, Zip: Winnfield, Louisiana 71483
Nature of services rendered or reason income was received: real estate title services
□Filer □Spouse
Name of Business:
Address:
City, State, Zip:
Nature of services rendered or reason income was received:
□Filer □Spouse
Name of Business:
Address:
City, State, Zip:
Nature of services rendered or reason income was received:

- * You are required to complete SCHEDULE H if you or your spouse received income from a business.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.
- * Income received through self-employment is reported on SCHEDULE H.
- * "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule I: Other Income

☐ Check if not applicable	(any other income that	t exceeds \$1,000)	
∏Filer ⊠Spouse			
Description of Income:			
dividend, Black Cat Financ	cial Corporation/ Bank of Winr	field	
Nature of services render	red or reason income was red	eived:	
passive income, dividend			
Amount of Income:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
□Filer □Spouse			
Description of Income:			
Nature of services rende	red or reason income was red	eived:	
Amount of Income:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
☐Filer ☐Spouse			
Description of Income:			
Nature of services rende	red or reason income was red	reived:	
Amount of Income:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	

- * You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.
- * Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.
- * Income from retirement accounts not reported on Schedule F should be included on Schedule I.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule J: Investment Holdings

☐ Check if not applicable	(an investment holding that exceeds \$5,000)		
□Filer ⊠Spouse □Both			
Name of Security:			
Bank of Winnfield/ Black Cat Fir	nancial Corporation		
Description of Security:			
common bank stock			
□Filer □Spouse □Both			
Name of Security:			
Description of Security:			
☐Filer ☐Spouse ☐Both			- 14 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Name of Security:			
		,	
Description of Security:			

- * You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.
- * You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- * You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule J: Investment Holdings

☐ Check if not applicable	(an investment noiding that exceeds \$5,000)
□Filer □Spouse □Both	ı
Name of Security:	
Description of Security:	
☐Filer ☐Spouse ☐Both	l ;
Name of Security:	
Description of Security:	
□Filer □Spouse □Both	1
Name of Security:	
Description of Security:	
	· · · · · · · · · · · · · · · · · · ·

- * You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.
- * You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- * You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule K: Transactions (a transaction that exceeds \$5,000)

Check if not applicable	(a transaction that	exceeds \$5,000)	
□Filer □Spouse [Both		
Transaction Date:			
Description of Transac	ction:		
Amount of Transaction	n: Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
□Filer □Spouse [□Both		
Transaction Date:			
Description of Transac	ction:		
			<u> </u>
Amount of Transaction	n: Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
□Filer □Spouse	□Both		***************************************
Transaction Date:			
Description of Transac	ction:		
Amount of Transaction	n: Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	

- * You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).
- * You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule L: Liabilities

Check if not applicable (a liability that exceeds \$10,000)
⊠Filer □Spouse
Name of Creditor: Bank of Winnfield
Address: 200 West Main Street
City, State, Zip: Winnfield, Louisiana 71483
Name of Guarantor (If applicable): spouse also liable (home mortgage)
□Filer □Spouse
Name of Creditor:
Address:
City, State, Zip:
Name of Guarantor (If applicable):
□Filer □Spouse
Name of Creditor:
Address:
City, State, Zip:
Name of Guarantor (If applicable):
□Filer □Spouse
Name of Creditor:
Address:
City, State, Zip:
Name of Guarantor (If applicable):

*"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

^{*}You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

^{*}You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

^{*}You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

^{*}You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

^{*} You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

^{*}You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule M: Positions - Business

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not a	pplicable	etnics Board, and the administrator of the Etnics Administration)	
□Filer □	Spouse	□Both	
Name of Busine	ess:		
Address	_		
City, Sta	te, Zip:		
Amount of Inte	rest:	%	
Filer []Spouse	□Both	
Name of Busin	ess:	·	
Address			
City, Sta	ite, Zip:		
Amount of Inte			
Filer []Spouse	□Both	
Name of Busin	ess:		
Address			
City, Sta			
Amount of Inte		%	

- * You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- * You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.
- * "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- * Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule N: Income from the State and/or Political Subdivisions

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

□Filer □Spouse □Business
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$
□Filer □Spouse □Business
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$
□Filer □Spouse □Business
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$

- * You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- * You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.
- * "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable Ethics Board, and the administrator of the Ethics Administration)
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:
□Filer □Spouse
Name of Governmental Entity:
Nature of Contract/Sub-Contract:
Value (of thing of economic value) Derived:

^{*} You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{*} You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

^{*} You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

^{*&}quot;Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).